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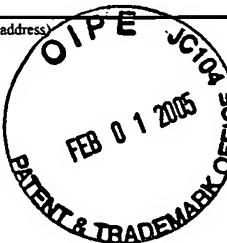
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11/05/2004

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4627 N. Central Expressway
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02/03/2005 MBEYENE2 00000033 090447 10001743

01 FC:1501 1400.00 DA
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/001,743	10/31/2001	Viktors Berstis	AUS920010753US1	2726

TITLE OF INVENTION: APPARATUS AND METHOD FOR TRANSMISSION AND RECEIPT OF CONFERENCE CALL ROSTER INFORMATION VIA A TELEPHONE DISPLAY UNIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/07/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
BUI, BING Q	2642		379-202010		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. DAVID A. MIMS, Jr.
 2. Rudolf O. Siegesmund
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INTERNATIONAL Business
Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ARMONK, New York 10504

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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- A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0447 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Rudolf O. Siegesmund

Date November 10, 2004

Typed or printed name Rudolf O. Siegesmund

Registration No. 37,720

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